



Appeal Request Form

Phone - (760) 770-0340

Fax - (760) 202-1460

E-mail – codecompliance@cathedralcity.gov

68700 Avenida Lalo Guerrero - Cathedral City, CA 92234

This Form and Appeal filing fee both must be received before appeal can be processed

Name and Addresses of Person Filing Appeal ("Appellant")

Name: _____

Mailing Address: _____

Property Location: _____

Email: _____

Phone: _____

Date of Action or Citation: _____ Case or Citation Number: _____

Indicate whether your appeal contests (check all that apply):

The existence of the violation cited That you are the party responsible for committing the violation

Please specify the basis for the appeal in detail and the relief being sought (use additional sheets as needed):

Date _____ Appellant's signature _____

Date _____ Appellant's signature _____

City Clerk Use Only:

DATE FILED:

WAS APPEAL FILED TIMELY?
YES NO

DATE APPEAL PAID:

DATE OF APPEAL HEARING: